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APPLICANTS

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AA
** CONTINUING DATA *****AA
** FOREIGN APPLICATIONS *****

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AA
IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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** SMALL ENTITY **

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>Alyssa M. Allen</i> Initials	NEW ZEALAND	4	27	2

ADDRESS

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TITLE

Intraluminal inflatable counter-pulsation heart assist device

FILING FEE RECEIVED 513	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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